

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 6 1951

## STANDARD CERTIFICATE OF DEATH

2464

State File No. ....

#114427

318

1003

748

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <b>ST.-LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>ST. LOUIS</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (In this place) <b>7 WKS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1.</b>				e. STREET ADDRESS (If rural, give location) <b>1865 UNION</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>ALFRED</b>		b. (Middle) <b>H.</b>		c. (Last) <b>DIERKS</b>	
4. DATE OF DEATH		(Month) <b>Jan.</b>		(Day) <b>24th</b>		(Year) <b>1951</b>	
5. SEX <b>M. O</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>		8. DATE OF BIRTH <b>MAR 12, 1906</b>		9. AGE (In years last birthday) <b>44</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ACCOUNTANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TAX SERVICE</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>HENRY PIERKS</b>		13b. MOTHER'S MAIDEN NAME <b>LOUISE BERNER</b>		14. NAME OF HUSBAND OR WIFE <b>--- SINGLE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MR. HARVEY AND EMIL PIERKS</b>		ADDRESS <b>KIMMSWICK MO.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive cardiovascular disease</b> INTERVAL BETWEEN ONSET AND DEATH <b>intermittent</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <b>4:43 X</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>11/29/50</b> , 19 <b>50</b> , to <b>1/24/51</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1/24/51</b> , 19 <b>51</b> , and that death occurred at <b>2:20 PM</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Gary B. Wood</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>1515 Lafayette Ave.,</b>		23c. DATE SIGNED <b>1/24/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN 26</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BURGESS Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Kimmswick Mo</b>	
DATE REC'D BY LOCAL REG. <b>JAN 24 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>HEILIGTAG FUNERAL HOME</b>			
(Licensed Embalmer's Statement on Reverse Side) <b>KIMMSWICK MO</b>							

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Arthur W. Hildy*

Signed.....

Student Embalmer

Licensed Embalmer No. 3872

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.